

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INFO | ID NO. | DATE |
|---------------------------|------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 210 | 11/10/01 |
| FORMALITY REVIEW | H.T. | 1117 | 11/30/01 |
| RESPONSE FORMALITY REVIEW | LC | 1080 | 3-26-02 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------|----------|
| Final | |
| Original | |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

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17C 553 NL 11/30/01

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